

19704 U.S. PTO
10/625444
07/22/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Certification under 37 CFR §1.10 (if applicable)

EV 336 039 465 US

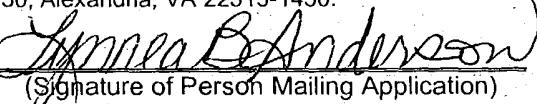
Express Mail Label Number

July 22, 2003

Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Lynnea B. Anderson
(Print Name of Person Mailing Application)


(Signature of Person Mailing Application)

**Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)**

**Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
Arlington, VA 22313-1450**

Sir:

Transmitted herewith for filing is a utility patent application by inventors: Xiaoli Bi and Joon Shim entitled:

**METHOD, CODE, AND SYSTEM FOR ASSAYING
JOINT DEFORMITY**

1. Enclosed are:

- This Transmittal letter.
- One stamped, self-addressed postcard for PTO date stamp.
- Certificate of Express Mail.
- One utility patent application containing text pages 31 and
 - 9 Sheets of drawings.
- Declaration of inventorship (unsigned)

2. U.S. Priority

- This application claims priority of U.S. Serial No. 60/397,943 filed on July 22, 2002, which is incorporated in its entirety herein by reference.
- A petition for extension of time has been filed in the parent to extend the pendency of the parent to * (copy enclosed).
- Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

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3. Foreign Priority

Priority of Application No. * filed in * on * is claimed under 35 USC §119.

A certified copy of this priority document is enclosed.

4. Fees

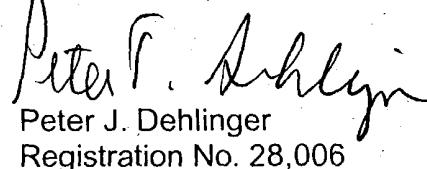
The filing fee has been calculated as shown below:

For:	(Col. 1)	(Col. 2)	Small Entity		Other Than a Small Entity	
	No. Filed	No. Extra	Rate	Fee	Rate	Fee
Basic Fee				\$375.00	or	\$750.00
Total Claims	27 - 20	7	7 x \$ 9 =	\$ 63.00	or * x \$18 =	\$
Independent Claims	3 - 3	0	0 x \$42 =	\$ 00.00	or * x \$84	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$140 =	\$ 00.00	or + \$280 =	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$438.00	or	TOTAL \$

Enclosed is a check in the amount of **\$438.00** covering the fees due.

The Commissioner is hereby authorized to charge fees under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account 50-2207.

Respectfully submitted,


Peter J. Dehlinger
Registration No. 28,006

Date: July 22, 2003

Correspondence Address:

Customer No. 22918
(650) 838-4401